



LAW OFFICE OF

Nakeshia Walls

FAST. CONVENIENT. AFFORDABLE.
LEGAL SERVICES

Prospective Client Intake Form for Divorce

Please fill out this form completely and truthfully. It is important that you answer each question fully and accurately because your attorney will use this information to advise you and prepare your case and paperwork. You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by writing "N/A". After you have completed the questionnaire, please save it, and either print it off and bring the completed form with you to your intake meeting or email the completed form to us at n.walls@YourPerfectLawyer.com.

Notice of Confidentiality

The information in this document is subject to the attorney-client privilege. The contents of this document constitute attorney work product. The contents of this document are confidential and are not to be disclosed to third persons other than those to whom disclosure is made in furtherance of the rendition of professional legal services.

Notice of Waiver of Conflict

You hereby agree that should you not retain our firm, no attorney client relationship has been/ will be established by filling out this client intake form and/or meeting with a member of The Law Office of Nakeshia Walls to conduct a consultation of the facts of your case. Without this relationship, The Law Office of Nakeshia Walls is not conflicted from representing another person in the same legal matter or some other legal matter which may be adverse to your interests.

I have read the above notices and my agreement to the notices is evidenced by my signature below:

Signature of Prospective Client:

Agreed to and signed by:

Printed Name: _____

Signature: _____

Date: _____

1. Please provide the following information pertaining to you:

Full (first, middle, and last) name: _____

Full (first, middle, and last) Maiden Name: _____

Address: _____

County: _____

City: _____

State: _____

Zip Code: _____

SSN: _____

Driver's license number: _____

Home Phone: _____

Cellular: _____

Work Phone: _____

Email address: _____

Number of previous marriages: _____

Length of Residence in TN: _____

Length of residency in county: _____

Date of Birth: _____

City and State of Birth: _____

Race: _____

Are you a member of the Armed Services of the U.S.? Yes No

2. How did you hear about our office? _____

3. Do you have an account with any of the following social media websites?

Facebook

Instagram

Twitter

Other (specify) _____

4. How do you prefer that we contact you?

Home Work Mobile Email

Please list an emergency number of someone who can always reach you:

Name: _____

Telephone: _____

5. Have you consulted or retained any other attorney on this matter before coming to this office? Yes No

If yes, please state who and when: _____

6. Please complete the following information regarding your employment.

Employer: _____

Job title: _____

Employer's Address: _____

City, state, and zip code: _____

Employer's Telephone number: _____

Gross salary per month: \$ _____

Length of employment: _____

Education:

Some High School. Number of years completed: _____

Graduated High School.

Some College. Number of years completed: _____

Graduated College

Masters Degree

Doctorate Degree

7. What is your current marital status?

Married *remarried* *single* *divorced* *separated*

8. Please provide the following information pertaining to your spouse.

Full (first, middle, and last) name: _____

Full (first, middle, and last) Maiden Name: _____

Address: _____

County: _____

City: _____

State: _____

Zip Code: _____

SSN: _____

Driver's license number: _____

Home Phone: _____

Cellular: _____

Work Phone: _____

Email address: _____

Number of previous marriages: _____

Length of Residence in TN: _____

Length of residency in county: _____

Date of Birth: _____

City and State of Birth: _____

Race: _____

Is your spouse a member of the Armed Services of the U.S.? Yes No

Employer: _____

Job title: _____

Employer's Address: _____

City, state, and zip code: _____

Employer's Telephone number: _____

Gross salary per month: \$ _____

Length of employment: _____

Education:

Some High School. Number of years completed: _____

Graduated High School.

Some College. Number of years completed: _____

Graduated College

Masters Degree

Doctorate Degree

9. Please give the date and place of your marriage:

Date: _____

City and State: _____

Are you and your spouse currently separated? Yes No

If yes, what is your date of separation? _____

10. Where were you and your spouse residing before you separated?

Address: _____

City: _____

County: _____

State: _____

Zip: _____

11. Please indicate the main reasons for the break-up of the marriage relationship and the grounds for the suit.

Irreconcilable differences (most divorces are granted based on this reason),

Cruel and inhumane treatment/ inappropriate marital conduct. Please describe: _____

Adultery. Please describe: _____

Bigamy. Please describe: _____

Impotence and inability to procreate. Please describe: _____

Desertion for one year. Please describe: _____

Conviction of an infamous crime. Please describe: _____

Conviction of a felony. Please describe: _____

Attempt to kill one's spouse. Please describe: _____

Refusal to move. Please describe: _____

Pregnancy. Please describe: _____

Habitual Drunkenness or Abuse of Narcotic Drugs. Please describe: _____

Indignities. Please describe: _____

Abandonment. Please describe: _____

Two years separation with no minor children. Please describe: _____

If for a reason not listed, please describe: _____

12. *What county are you filing this suit in?* _____

13. Have you or your spouse ever filed for divorce? Yes No

If so, when? _____

And where? _____

Is this case still pending and active: Yes No Unsure

14. Does your spouse have an attorney? Yes No Unsure

If yes, who is their attorney? _____

15. Please complete the following information regarding your children.

How many children do you have with your spouse: _____

Are you (or your spouse) pregnant this time? Yes No

If so, is the child yours/ your spouse's? Yes No Unsure

16. While you were still married to your spouse, did you have any child(ren) with any other person?

Yes No

If yes, please state the name(s) of child(ren) parented by someone other than your current spouse during this marriage: _____

17. Please provide the following information for each child that were born during the marriage or that are common to both parties.

Child #1

Name: _____

Sex: _____

Date of birth: _____

Age: _____

SSN: _____

City and state of birth: _____

Which spouse's biological child? Both Husband Wife

If not both, what is the name of other biological parent? _____

Child #2

Name: _____

Sex: _____

Date of birth: _____

Age: _____

SSN: _____

City and state of birth: _____

Which spouse's biological child? Both Husband Wife

If not both, what is the name of other biological parent? _____

Child #3

Name: _____

Sex: _____

Date of birth: _____

Age: _____

SSN: _____

City and state of birth: _____

Which spouse's biological child? Both Husband Wife

If not both, what is the name of other biological parent? _____

Child #4

Name: _____

Sex: _____

Date of birth: _____

Age: _____

SSN: _____

City and state of birth: _____

Which spouse's biological child? Both Husband Wife

If not both, what is the name of other biological parent? _____

Child #5

Name: _____

Sex: _____

Date of birth: _____

Age: _____

SSN: _____

City and state of birth: _____

Which spouse's biological child? Both Husband Wife

If not both, what is the name of other biological parent? _____

18. Is there any attorney general order or prior court order that governs the issues of child support & visitation

regarding your child(ren): Yes No Unsure

If yes, Case # _____ County _____

Please attach a copy of the order.

19. Will there be a dispute over the children? Yes No Unsure

If not, with whom will the children live? _____

20. Where and with whom are the children currently living now?(please include address) _____

21. Have the children been living in Shelby County, Tennessee for the last six months? Yes No

22. List all of the addresses and with whom the children have lived with during the last 5 years.

1. _____

2. _____

3. _____

4. _____

5. _____

23. Do you or your (ex-) spouse have any other children from another relationship for whom a duty to support is owed? Yes No

If yes, please provide the following information for each of those children:

Child #1

Name: _____

Sex: _____

Date of birth: _____

Age: _____

SSN: _____

City and state of birth: _____

Which spouse's biological child? Husband Wife

What is the name of other biological parent? _____

Child #2

Name: _____

Sex: _____

Date of birth: _____

Age: _____

SSN: _____

City and state of birth: _____

Which spouse's biological child? Husband Wife

What is the name of other biological parent? _____

Child #3

Name: _____

Sex: _____

Date of birth: _____

Age: _____

SSN: _____

City and state of birth: _____

Which spouse's biological child? Husband Wife

What is the name of other biological parent? _____

24. Please answer the following questions regarding child support.

Do you pay child support? Yes No

If so, how much? \$ _____ per _____

Is there a court order? Yes No

Does your spouse pay child support? Yes No

If so, how much? \$ _____ per _____

Is there a court order? Yes No

Do you receive child support? Yes No

If so, how much? \$ _____ per _____

Is there a court order? Yes No

Does your spouse receive child support? Yes No

If so, how much? \$ _____ per _____

Is there a court order? Yes No

25. Have you or your spouse applied for assistance with child support enforcement pursuant to Title IV-D?

Yes No

26. Have you and your spouse decided who will be the primary residential parent? Yes No

Who will(or should) be the primary residential parent? Mother Father

27. Have you and your spouse decided who will have parental (decision making) responsibility for the children?

Yes No

Who will(or should) have decision making responsibility regarding the following major decisions?

Educational decisions: Mother Father Both

Non-emergency health care: Mother Father Both

Religious upbringing: Mother Father Both

Extracurricular activities: Mother Father Both

Other, please specify: _____ Mother Father Both

28. Have you and your spouse decided who will have physical custody of the minor children? Yes No

Who will(or should) have physical custody of the minor children? Mother Father Both

Who will(or should) be the primary residential parent? Mother Father

29. Have you and your spouse decided on a timesharing schedule? Yes No

Please complete the following charts to indicate what the timesharing schedule will (or should) be.

Day to Day Schedule: Please list the times during the respective days that each parent will(or should) have timesharing with the minor children. Feel free to use the following terms to be more specific: every, odd, even, 1st, 2nd, 3rd, 4th, 4th, and 5th.

	Mother	Father
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Holiday Schedule: Please indicate if the minor children will(or should) be with the parent on the ODD or EVEN number of years or EVERY year.

	Mother	Father
New Year's Day		
Martin Luther King Day		
Presidents' Day		
Memorial Day		
July 4 th		
Labor Day		
Veterans Day		
Thanksgiving Day		
Christmas Eve		
Christmas Day		
Mother's Day		
Father's Day		

Children's Birthdays		
Other: _____		
Other: _____		
Other: _____		
Other: _____		

Winter Vacation: Day-to-day schedule Other, please specify: _____

Spring Vacation: Day-to-day schedule Other, please specify: _____

Summer Vacation: Day-to-day schedule Other, please specify: _____

*****Under the schedule set forth above, each parent will spend the following number of days with the children every year (the two numbers should equal 365 when added together):**

Mother: _____ days Father: _____ days

30. Please note that the Tennessee Child Support Worksheet utilizing the Tennessee Child Support Guidelines is used to determine the presumed child support order amount. It is calculated based off of the parents' incomes and parenting time. Deviations requiring the payee parent to pay less than the presumed child support order amount may not be approved by a judge. Do you and your spouse agree to abide by the TN Child Support Guidelines to establish a child support order amount?

Yes No

If no, have you and your spouse made a decision regarding child support? Yes No

Who will (or should) pay child support? Mother Father Neither, please explain _____

How much? _____ How often? _____

31. Have you and your spouse made a decision regarding life insurance for the benefit of the minor children as further child support? Yes No

Who will(or should) maintain a life insurance policy for the benefit of the minor children?

Wife Husband Both How much? _____

32. Have you and your spouse made a decision regarding who will maintain health insurance for the minor children? Yes No

Who will(or should) maintain health insurance for the minor children?

Wife Husband Both, please explain: _____

Who will(or should) be responsible for the uncovered medical expenses?

Wife Husband Both at pro rata share of each parent's income Other

please explain: _____

33. Have you and your spouse made a decision regarding who will claim a tax exemption for the minor children?

Yes No

Who will(or should) claim a tax exemption for the minor children? Wife Husband Both, please

explain: _____

34. Have you and your spouse made a decision regarding alimony? Yes No

Will(or should) there be alimony paid? Yes No

Who will(or should) pay alimony? Wife Husband

How much? \$_____ How often? _____

35. Have you and your spouse made a decision regarding the distribution of your pensions, IRAs, and/or other retirement plans? Yes No

Will(or should) each spouse maintain sole exclusive ownership of their respective plans? Yes No

If no, how will(or should) the plans be distributed? _____

36. Do you and your spouse have any joint debts? Yes No

If yes, have you and your spouse decided how your joint debts will be distributed? Yes No

Please list your joint debts, creditors, the amount of the debt and who will(or should) be responsible.

Type of Debt	Creditor	Amount	Responsible party(H/W/B) If both, please explain
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

37. Do you and your spouse have any joint assets? Yes No

If yes, have you and your spouse decided how your joint assets will be distributed? Yes No

Please list your assets, their value, and how they will(or should) be distributed.

Type of Asset	Location	Value	Who will keep it?(H/W/B) If both, please explain.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

38. Is either spouse currently covered by the other's health insurance? Yes No

If yes, which spouse is the dependent spouse (on the other spouse's insurance)? Wife Husband

Please fill out the following information regarding you and/or your spouse's health insurance.

Policy Holder: Wife Husband

Health Insurance Company: _____ Policy No.: _____

Employment Benefits Person to Contact: (Provide Name/Phone #/Street Address/City/State/Zip)_____

Check one:

This policy has COBRA. That means the dependent spouse can keep the insurance after the divorce. BUT s/he must apply by the deadline and pay the premiums and any administrative charges. To learn more, speak to the Employee Benefits Person listed above.

This is a group insurance policy. The dependent spouse may be able to continue coverage under T.C.A. §56-7-2312(d)(1). To learn more, speak to the Employee Benefits Person listed above. The dependent spouse may also get insurance from another source.

This policy does not offer COBRA. That means the dependent spouse's coverage will end after the divorce. The dependent spouse must get other health insurance to be covered.

My spouse is not covered by my policy.

39. If a divorce is granted, should the wife's maiden name be restored? Yes No

If yes, what is the Full Name that should be used? _____

40. If the parent-child relationship is established, should the child(ren) last name be changed? Yes No

If yes, what is the Full Name(s) that should be used? _____

41. What do you need our help with? _____

42. What would be your ideal outcome in regards to this matter? _____

43. Is there anything in particular that you think is important for our office to know? _____

Signature of Prospective Client:

By signing below, you affirm that the information contained herein is true and accurate to the best of your information, knowledge, and belief.

Printed Name: _____

Signature: _____

Date: _____

Thank you for completing our Prospective Client Intake Form for Divorce. Please save this document and either email it to us at n.walls@YourPerfectLawyer.com or print it out and bring it with you to your initial meeting. If you have any questions or concerns, please feel free to contact our office via phone at (901) 315-0559 or email at n.walls@YourPerfectLawyer.com. We look forward to assisting you!